

	*	IN THE
_____ Plaintiff	*	CIRCUIT COURT
v.	*	FOR
	*	_____
_____ Defendant	*	Civil No.:
*	*	*

ORDER FOR SUBSTANCE ABUSE ASSESSMENT

IT IS this \_\_\_\_\_ day of \_\_\_\_\_, 2 by the Circuit Court for \_\_\_\_\_ County, Maryland, hereby

ORDERED that \_\_\_\_\_ shall submit to a  
*Name of Person to be Tested*  
substance abuse assessment, to be conducted by:

\_\_\_\_\_  
*Substance Abuse Testing Facility*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

\_\_\_\_\_; and it is further  
*Telephone Number*

ORDERED that the substance abuse assessment shall include the following services:

- [ ] **Rapid Substance Abuse Assessment.** The person referred to above shall submit to psychometric testing and a clinical interview. No urinalysis will be conducted. The testing facility shall submit the results of the rapid substance abuse assessment in writing to the court; and it is further
- [ ] **Urinalysis Screening Only.** The person referred to above shall appear at the offices of the substance abuse facility to provide a sample for urinalysis. The testing facility shall report the results of that urinalysis in writing to the Court; and it is further
- [ ] **In-depth Substance Abuse Assessment.** The person referred to above shall submit to psychometric testing and a clinical interview. They shall also be required to provide a sample for urinalysis. The testing facility shall report the results of the

substance abuse assessment and urinalysis results in writing to the court; and it is further

ORDERED, that the fee for the substance abuse assessment shall be paid for in the following manner: \_\_\_\_\_ .

\_\_\_\_\_  
JUDGE

Recommended by:

\_\_\_\_\_ (Date)

#### NOTICE

This substance abuse assessment has been ordered solely for the purposes of litigation and does not establish a therapeutic relationship between the testing facility and the subject of the assessment. The results of the testing are not confidential and may be disclosed at trial or in anticipation of trial.

cc:

\_\_\_\_\_  
*Testing Facility*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Telephone*